



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet
FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

Two (2)

| COMMITTEE INFORMATION | | | |
|---|--|--|--------------------------|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name DIPPEL FOR WESTFIELD COUNCIL | | 3. Committee Telephone Number (317) 569-2855 | |
| 2. Acronym or Abbreviated Name (if any) | | 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 683 PIEDMONT DR | |
| 5. City, State, ZIP Code WESTFIELD IN 46074 | | 6. Party Affiliation (if applicable) REPUBLICAN | |
| CANDIDATE INFORMATION (For Candidate's Committees Only) | | | |
| 7. Full Name of Candidate (include any nickname) John DIPPEL | | 8. Party Affiliation or If Independent Candidate HAMILTON Republican | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) WESTFIELD City Council DIST-4 | | 10. County of Residence HAMILTON | |
| TYPE OF REPORT | | CONVENTION CANDIDATES ONLY | |
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention | |
| 12. Reporting Period: From: 1-1-2011 Through: 4-8-2011 | | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 171.60 | |
| 14. Cash on hand and investments January 1, current year. | | | 171.60 |
| CONTRIBUTIONS AND RECEIPTS | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | |
| 15a. Itemized (use Schedule A) | | 0 | 0 |
| 15b. Unitemized | | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL | | 171.60 | 171.60 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL | | 171.60 | 171.60 |
| EXPENDITURES | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | 0 | 0 |
| 17b. Unitemized | | 132.01 | 132.01 |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL | | 132.01 | 132.01 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL | | 39.59 | 39.59 |
| 19. Debts OWED BY the committee (use Schedule D) | | 650.00 | |
| 20. Debts OWED TO the committee (use Schedule E) | | 0 | |

CERTIFICATION

I, **John Dippe**, certify that the information furnished on this report is true and correct and that I am a resident of the State of Indiana.

| | |
|---------------------------|--------------------------|
| Title TREASURER | Date 4-11-2011 |
| | Date 4-11-2011 |

Not for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly provides false information on this report is guilty of a crime and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

APR 13 2011 8:13 AM

FILED

John Dippe 11:09:06 AM APR 13 2011



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|-------------------|-----------------------|------------------------------------|---------------------------------------|
| | | NATURE OF DEBT | | | |
| JOAN DIPPEL 683 Piedmont Dr Westfield IN 46074 LENDER'S OCCUPATION: | | LOAN | 2005 | | 300 ⁰⁰ |
| | | 300 ⁰⁰ | | | |
| JOAN DIPPEL LENDER'S OCCUPATION: | | LOAN | 4-16-10 | | 250 ⁰⁰ |
| | | 250 ⁰⁰ | | | |
| JOAN DIPPEL LENDER'S OCCUPATION: | | LOAN | 12-1-10 | | 100 ⁰⁰ |
| | | 100 ⁰⁰ | | | |
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